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SERIAL NUMBER 09/436,347	FILING OR 371(c) DATE 11/09/1999 RULE	CLASS 424	GROUP ART UNIT 1643	ATTORNEY DOCKET NO. 27693-01201
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/107,658 11/09/1998

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 12/07/1999

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				

## ADDRESS

47553

## TITLE

TREATMENT OF HEMATOLOGIC MALIGNANCIES ASSOCIATED WITH CIRCULATING TUMOR CELLS  
USING CHIMERIC ANTI-CD20 ANTIBODY

FILING FEE RECEIVED 6347	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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